

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 12, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT code 99361 rendered on 08/12/03 denied as “G – Included in Global” and 09/23/03 denied as “G – Included in Global” and “R – Charge unrelated to compensable injury”. A review of the TWCC database reveals the insurance carrier did not file a TWCC-21; therefore the disputed date of service of 09/23/03 will be reviewed according to the “G” denial code.

II. RATIONALE

Requestor did not submit a position statement.

Respondents’ position statement dated January 19, 2004 states... “TWCC-60 navigator our audit company did not allow an amount allowed on bills submitted by ____.”

- CPT Code 99361 – The Medicare Online Fee Schedule does not recognize the team conference CPT code billed. Per Ingenix EncoderPro payment for the team conference is included in the payment for the services to which they relate. Reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99361.

The above Findings and Decision is hereby issued this 27th day of May 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf